

General

Title

Prevention and management of obesity for adults: percentage of patients with a BMI greater than or equal to 25 who received education and counseling for weight management strategies that include nutrition, physical activity, lifestyle changes, medication therapy and/or surgical considerations.

Source(s)

Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May. 99 p. [161 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients age 18 years and older with a body mass index (BMI) greater than or equal to 25 who received education and counseling for weight management strategies that include nutrition, physical activity, lifestyle changes, medication therapy and/or surgical considerations.

Rationale

The priority aim addressed by this measure is to increase the percentage of patients age 18 years and older with a body mass index (BMI) greater than or equal to 25 who have received education and counseling regarding weight management.

Obesity is a chronic, multifactorial disease with complex psychological, environmental (social and cultural), genetic, physiologic, metabolic and behavioral causes and consequences. The prevalence of overweight and obese people is increasing worldwide at an alarming rate in both developing and developed countries. Environmental and behavioral changes brought about by economic development, modernization and urbanization have been linked to the rise in global obesity. The health consequences are becoming apparent.

Obesity is a national epidemic in the United States with 78 million obese adults. In 2009 to 2010, the prevalence of obesity was 35.5% among men and 35.8% among women. The prevalence of extreme obesity has also increased. Approximately 6% of U.S. adults now have a BMI of 40 kg/m² or higher. One in every three children (31.7%) is overweight or obese. More than one quarter of all Americans ages 17 to 24 are unqualified for military service because they are too heavy. Specifically, 16.9% of children were considered obese in 2009 to 2010. This data is concerning, for the Healthy People 2010 goals for obesity prevalence in the United States were not met.

Evidence for Rationale

Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May. 99 p. [161 references]

Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999-2010. JAMA. 2012 Feb 1;307(5):491-7. [PubMed](#)

U.S. Department of Health and Human Services. The surgeon general's vision for a healthy and fit nation 2010. Rockville (MD): U.S. Department of Health and Human Services, Office of the Surgeon General; 2010 Jan. 21 p.

White House Task Force on Childhood Obesity. Solving the problem of childhood obesity within a generation. White House Task Force on Childhood Obesity report to the President. Washington (DC): Let's Move!; 2010 May.

Primary Health Components

Obesity; body mass index (BMI); patient education; counseling; weight management; nutrition; physical activity; lifestyle changes; medication; surgery

Denominator Description

Number of patients with a body mass index (BMI) greater than or equal to 25 (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients with a body mass index (BMI) greater than or equal to 25 who receive education and counseling for weight management appropriate to their BMI level, including nutrition, physical activity, lifestyle changes, medication and/or surgical considerations (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

- Medical costs associated with obesity were estimated at as much as \$147 billion to \$210 billion a year. Obese persons had estimated medical costs that were \$1,429 higher per person, per year than persons of normal weight.
- Obesity is the second leading cause of preventable death in the United States (U.S.), with only tobacco use causing more deaths. More than 112,000 preventable deaths per year are associated with obesity.
- Obesity and major depression frequently co-occur. A meta-analysis study showed obesity was found to be an increased risk of depression, and depression was found to be a predictor of developing obesity.
- Several of the comorbidities associated with obesity include type 2 diabetes, heart disease, hypertension, dyslipidemia and certain cancers. The prevalence of various medical conditions increases with those who are overweight and obese.

Evidence for Additional Information Supporting Need for the Measure

Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. Health Aff (Millwood). 2009 Sep-Oct;28(5):w822-31. [PubMed](#)

Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May. 99 p. [161 references]

U.S. Department of Health and Human Services. The surgeon general's vision for a healthy and fit nation 2010. Rockville (MD): U.S. Department of Health and Human Services, Office of the Surgeon General; 2010 Jan. 21 p.

Extent of Measure Testing

Unspecified

National Guideline Clearinghouse Link

[Prevention and management of obesity for adults.](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The suggested time period pertaining to data collection is monthly, quarterly, semi-annually or annually.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of patients with a body mass index (BMI) greater than or equal to 25

Data Collection: Query electronic medical records for patients who have BMI greater than or equal to 25. Focus query for patients who had BMI done 12 months earlier from the measurement period date and were age 18 years or older at the time.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with a body mass index (BMI) greater than or equal to 25 who receive education and counseling for weight management appropriate to their BMI level, including nutrition, physical activity, lifestyle changes, medication and/or surgical considerations:

BMI 25 to 29.9: Lifestyle changes and behavioral management.

BMI 30 to 34.9: Lifestyle changes, behavioral management and medication considerations.

BMI 35 to 39.9: Lifestyle changes, behavioral management, medication therapy and surgical considerations.

BMI 40+: Lifestyle changes, behavioral management, medication and surgical considerations.

Percentage of patients with BMI greater than or equal to 25 who set an individualized goal along with target date for reduction in BMI.

Percentage of patients with BMI greater than or equal to 25 who reach their goal BMI by the set target date.

Data Collection: Determine the number of those patients who had one or more of the weight-management strategies appropriate to their BMI at any time over a 12-month period from the date of BMI done to the measurement period date.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of patients with a BMI \geq 25 who received education and counseling for weight-management strategies that include nutrition, physical activity, lifestyle changes, medication therapy and/or surgical considerations.

Measure Collection Name

Prevention and Management of Obesity for Adults

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: Angela Fitch, MD (*Work Group Leader*) (Park Nicollet Medical Group) (Bariatrician); Kathy Johnson, PharmD (Essentia Health) (Pharmacy); Bridget Slusarek, RN, BSN (Fairview Health Services) (Nursing); Jennifer Goldberg, MS, RD, LD (HealthPartners Medical Group and Regions Hospital) (Dietitian); Tracy Newell, RD, LD, CNSD (HealthPartners Medical Group and Regions Hospital) (Dietitian); Patrick O'Connor, MD, MA, MPH (HealthPartners Medical Group and Regions Hospital) (Family Medicine and Geriatrics); Tara Kaufman, MD (Mayo Clinic) (Family Medicine); Claire Kestenbaum, RPh (Park Nicollet Health Services) (Pharmacy); Mike Lano, MD (Ridgeview Medical Center) (Family Medicine); Amber Spaniol, RN, LSN, PHN (Robbinsdale School District #281) (School Nurse); Claudia Fox, MD, MPH (University of Minnesota) (Director of Pediatric Weight Management Program); Dan Leslie, MD (University of Minnesota Physicians) (Surgery); Steven Stovitz, MD (University of Minnesota Physicians) (Sports Medicine); Lynn Everling (Institute for Clinical Systems Improvement [ICSI] Patient Advisory Council) (Patient Representative); Erica Kennedy (ICSI Patient Advisory Council) (Patient Representative); Carla Heim (ICSI) (Clinical Systems Improvement Coordinator); Beth Webb, RN, BA (ICSI) (Project Manager)

Financial Disclosures/Other Potential Conflicts of Interest

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Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

The complete ICSI policy regarding Conflicts of Interest is available at the [ICSI Web site](#)

Disclosure of Potential Conflicts of Interest

Lynn Everling (Work Group Member)

Job Title: Patient Representative - ICSI Patient Advisory Council

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-financial Conflicts of Interest: None

Angela Fitch, MD (Work Group Leader)

Job Title: Bariatrician, Park Nicollet Medical Group

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-financial Conflicts of Interest: None

Claudia Fox, MD, MPH (Work Group Member)

Job Title: Director of Pediatric Weight Management Program – University of Minnesota

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: Fairview Pediatric Ambulatory Quality Childhood Obesity Work Group

Research Grants: None

Financial/Non-financial Conflicts of Interest: None

Jennifer Y. Goldberg, MS, RD, LD (Work Group Member)

Job Title: Dietician, HealthPartners Medical Group and Regions Hospital

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-financial Conflicts of Interest: None

Kathy Johnson, PharmD (Work Group Member)

Job Title: Pharmacy, Essentia Health

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-financial Conflicts of Interest: None

Tara Kaufman, MD (Work Group Member)

Job Title: Family Medicine, Mayo Clinic
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Erika Kennedy (Work Group Member)
Job Title: Patient Representative, ICSI Patient Advisory Council
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Claire Kestenbaum, RPh (Work Group Member)
Job Title: Pharmacy, Park Nicollet Medical Group
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Mike Lano, MD (Work Group Member)
Job Title: Family Medicine, Ridgeview Medical Center
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Daniel Leslie, MD (Work Group Member)
Job Title: GI and Bariatric Surgery, University of Minnesota Physicians
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Tracy L. Newell, RD, LD, CNSD (Work Group Member)
Job Title: Dietician, HealthPartners Medical Group and Regions Hospital
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Patrick O'Connor, MD, MA, MPH (Work Group Member)
Job Title: Family Medicine & Geriatrics, HealthPartners Medical Group and Regions Hospital
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: ICSI Diabetes Guideline
Research Grants: NIH, Diabetes, Hypertension, AHRQ, Bariatric Surgery
Financial/Non-financial Conflicts of Interest: Patent Pending, drug software, blood pressure (BP), Glucose monitoring

Bridget Slusarek, RN, BSN (Work Group Member)
Job Title: Nurse Manager, Fairview Health Services
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: One time Nursing Education – Ethicon

Amber Spaniol, RN, LSN, PHN (Work Group Member)

Job Title: Health Services Program Director – Robbinsdale School District 281
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: None
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Steven D. Stovitz, MD (Work Group Member)
Job Title: Sports Medicine, University of Minnesota Physicians
National, Regional, Local Committee Affiliations: None
Guideline-Related Activities: American Academy of Orthopedic Surgery
Research Grants: None
Financial/Non-financial Conflicts of Interest: None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 May

Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

Date of Next Anticipated Revision

The next scheduled revision will occur within 12 months.

Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Apr. 98 p.

Measure Availability

Source available for purchase from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)
. Also available to ICSI members for free at the [ICSI Web site](#)
 and to Minnesota health care organizations free by request at the [ICSI Web site](#)
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For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425;
Phone: 952-814-7060; Fax: 952-858-9675; Web site: www.icsi.org ; E-mail:
icsi.info@icsi.org.

NQMC Status

This NQMC summary was completed by ECRI on December 20, 2004.

This NQMC summary was updated by ECRI Institute on December 15, 2005, January 23, 2007, and on December 4, 2009.

This NQMC summary was retrofitted into the new template on July 21, 2012.

This NQMC summary was updated by ECRI Institute on May 31, 2012 and again on January 9, 2014.

The information was reaffirmed by the measure developer on January 13, 2016.

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Production

Source(s)

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